

بنتيق

## ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

08/18/97

This is to acknowledge that you have filed a Notification of Masardous Waste Activity for the instellation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your RPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER ->

NYD986952430

MCPLITY HAME ->

AMOCO

MANUNG ADDRESS ->

895 BEDFORD AVE BROOKLYN, NY 11205

INSTALLATION ADDRESS ->

895 BEDFORD AVE BROOKLYN, NY 11205

ERA Form 6700-12AB (4-80)

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY REGION II 200 BROADMEY NEW YORK, NEW YORK, 10007-1866

ATTH: ARE & WASTE MANAGEMENT DIVISION, 22ND PL. HAZARDOUS & SOULD WASTE PROGRAMS BRANCH RCRA NOTIFICATIONS

TO: WOLF, CARY
OWNER
AMOCO
895 BEDFORD AVE
BROOKLYN, NY 11205

Chame I ewills To avoid delays in processing, please complete all sections. Only original signature of the Generator 18 acceptable. Des. Co. 5. 1.5/01/3 PRAPER DOWN JO Please print or type with ELITE Osta Received () (For Official Use One Please refer to the memetions for Filing modification before sampleting this form. The playment of the 18 required by law (Section 1010 of the Resource Conservation and Recovery Acc. Notification of Regulated EPA Waste Activity United States Environmental Protection Agency L Installation's EPA ID Number (Mark X' in the appropriate box) NYD 986 952 4310 B. Subsequent Notification A. First Notification (Complete Hem C) It. Name of installation (include company and specific de name) AMOCIO Requires Building Number or Latitude and Longitude al Location of installation Street (Continued) Zp Code State City of Town properly, smakes to test only ellerman BIRIODKI County Name NG IV. Installation Mailing Address Street or P.O. Box SAME State Zip Code City or Town First Name (Last) 106 1 AL Phone Number (Area Code and Number) Job Tille VL Installation Contact Address A. Contract Address
Lizeafor Malifing Other B. Street or P.O. Box City of Town BIRIDIO PROPERTY A. Name of Installation's Legal Owner <u> ३|० ।</u>२ |२ | <u> (Carto do</u> Street, P.O. Box, of Roule Number City or Town State | Zip Code TERICHO -Phone Number (Area Gods and Number)

<i>y</i> (***	`	ID - FO! Onicial Use Unly
VIII Type of Requisted Waste Activity (	Wark: X' in the appropriate poxes; Refer to his	Luctions)
A. Hazardous	Waste Activity	8. Used Of Recycling Activities
1. Senerator (See Instructions) 2. Greater than 1000kg/mo (2,200 lb) 3. Greater than 1000kg/mo (200-2,200 lb) 4. Tour 100 kg/mo (2013 lb) 2. Transporter (Indicate Mode in baxes blow) 3. For own waste only 5. For commercial purposes  Mode of Transportation 1. At 2. Rail 3. Highway	instructions.  4. Hazardous Waste Fuel  3. Genaritor Marketing to Burner  b. Other Marketing to Burner  b. Other Marketing  c. Seiler undfor industrial Furner  1. Smaller Deferral  2. Small Guantity Exemption  indicate Type of Combustion  Device(s)  1. Utility Boller	1. Used Oil Furth Marketer  a. Marketer Directs Shipment of Oil to Oil Specification Burnt  b. Marketer Who First Claims 6 Oil Moote the Specifications  2. Used Oil Burner - Indicate Type Combustion Device(s)  e. Utility Boiler  b. Industrial Boiler  c. Industrial Purnace  3. Used Oil Transporter - Indicate  Oil Activities  a. Transporter  b. Transporter
4. Water 5 Other-spacety	2. Industrial Soller 3. Industrial Furnace	4. Used Of Processor/Re-retiner
	3. Underground injection Control	Type(s) of Activity(ics)
		b Re-retine
IX. Description of Hazzrdous Wastes (Va	e additional sheats if necessary)	<b>建筑的企业。</b>
A. Characteristics of Nontisted Hazardous V hazardous wastes your installation hand	Vastes. (Mark X in the boxes corresponding	to the characteristics of nonlisted
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C. Other Westes. (State or other wastes requ	uiring e haudier to have an I.D. number, See	instructions.;
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lovershopped.		A CONTRACTOR OF THE PROPERTY O
Note: Mail completed form to the energyddie	EPA Regional or State Office. (See Section I	If of the booklet for addresses ?



### ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

07/26/93

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA LO. NUMBER ->

NYD986952430

FACILITY NAME -> LAND V SERVICE CENTER

MAILING ADDRESS ->

895 BEDFORD AVE BROOKLYN, NY 11205

INSTALLATION ADDRESS -> 895 BEDFORD AVE

BROOKLYN, NY 11205

EFA Form 8700-12AB (4-80)

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY REGION II 26 FEDERAL PLAZA NEW YORK, NEW YORK 10278

ATTN: AIR & WASTE MANAGEMENT DIVISION, ROOM 1006 HAZARDOUS & SOUD WASTE PROGRAMS BRANCH RCRA NOTIFICATIONS

VERA, LUIS : OT OWNER LAND V SERVICE CENTER 895 BEDFORD AVE BROOKLYN, NY 13205

EPA Form 8700-12 (01-90) Previous edition is obsolete

2118-76-499034

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	Please print or type with EUTE type (12 characters per Inch) in the unshaded areas only	GSANA 0296-EPA-OT
A. Hazerdous Waste Activity  1. Generator (See instructions) 2. Treater, Store, Disposer (a translation) 3. Treater, Store, Disposer (a translation) 4. Generator (See instructions) 5. Good 1000 legino (2:200 lbs.) 5. Good 1000 legino (2:200 lbs.) 6. Lise than 1000 legino (2:200 lbs.) 7. Transporer (Indices Mode in bosse 1-5 below) 8. For commercial purposes (Mode of Transportation and See Instructions) 9. For commercial purposes (Mode of Transportation (Combination Device) 9. For commercial purposes (Mode of Transportation (Combination Device) 9. For Commercial purposes (Mode of Transportation (Combination Device) 9. For Instruction (Combination Device) 9. Real (Combination		ID - For Official Use Ordy.
A. Hazardous Waste Activity  1. Generator (See instructional)  2. Treater, Street, Disposer (a translation)  3. Treater, Street, Disposer (a translation)  4. Generator (See instructional)  5. Generator (See instructional)  6. Generator (See instructional)  7. Lord 1000 kg/mc (220 bz.)  9. Cleast than 100 kg/mc (220 bz.)  9. Transporary (Indicess Mode in boxes 1-5 below)  9. Transporary (Indicess Mode in boxes 1-5 below)  9. For commercial purposes Mode of Transporation  10. Per Marketure  11. Using Solver  12. Industrial Solver  13. Highway  14. Water  15. Other Reported on Marketing to Barrier  15. Other Reported on Marketing to Barrier  16. Other Marketure  17. Air  17. Indicess to the Solver of Transporation  17. Air  18. Industrial Farmace  19. Commercial purposes Mode of Transporation  19. Commercial purposes Mode of Transporation  10. Description of Regulated Wastes (Use additional sheets if necessary)  10. Description of Regulated Wastes (Use additional sheets if necessary)  10. Description of Regulated Wastes (Use additional sheets if necessary)  11. Using Solver  12. Specification Used Oil Fuel Marketure  13. Industrial Farmace  14. Water  15. Other Reports  16. Other Reports  17. Using Solver  17. Using Solver  18. Underground Injection Control  19. Other Reports  10. Other Reports  10. Other Reports  10. Other Reports  10. Other Reports  11. Using Solver  12. Specification Used Oil Fuel Marketure  15. Other Reports  16. Other Reports  17. Using Solver  17. Using Solver  18. Underground Injection Control  19. Other Reports  10. Other Reports  10. Other Reports  10. Other Reports  11. Using Solver  12. Specification Used Oil Fuel Marketure  15. Other Reports  16. Other Reports  17. Other Marketure  17. Other Marketure  18. Using Solver  19. Other Marketure  19. Other Marketure  19. Other Marketure  19. Other Marketure  10. Other Marketur		
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a. Genetic than 1000 legimo (22.0 bits)   b. 100 in 1000 legimo (22.0 bits)   c. Lest than 100 legimo (20.0 bits)   c. Lest than 100 legimo (20.	A. Hazardous Waste Activity	B. Used Oil Fuel Activities
8. Listed Hazardous Wastea. (See 40 CFR 261.31 – 33. See Instructions if you need to first more than 12 waste codes.)  1 2 3 4 5 6  7 8 9 10 11 12  C. Other Wastes. (State or other wastes requiring an LD. number. See instructions.)  1 2 3 4 5 6  X. Cerrification  I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment.  Surfaces  Name and Official Title (type or print)  Caste Signed.  Date Signed.  Oate Signed.	a. Greeter than 1000kg/mo (2.200 km.) b. 100 to 1000 kg/mo (220 - 2.200 km.) c. Less than 100 kg/mo (220 km.) c. Less than 100 kg/mo (220 km.) d. For own waxs unly b. For commercial purposes Mode of Transportation 1. Air 1. Air 2. Reil 3. Highway 4. Water 5. Description of Regulated Wastes (Use additional sheets if necessary)  A. Characteristics of Nonlisted Hazardous Wastes, Mark 'X' in the boxes corresponding to the wastes your installation handles. (See 40 CFR Parts 251.20 - 261.24)  1. Ignitable 2. Corrosive 3. Reactive 4. EP Toxic	a. Generator starketing to Burner b. Other Marketer c. Burner - Indicate devices Type of Combustion Devices 1. Utility Botter 2. Industrial Botter 3. Industrial Furnace 2. Specification Used Off Fast Marketer (or On-atte Burner) Who First Claims the Off Meets the Specification
To the state (State or other westes requiring an I.D. number. See instructions.)  C. Other Westes. (State or other westes requiring an I.D. number. See instructions.)  1 2 3 4 5 6  X. Certification  I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment.  State of the state of	Y	I number(s) for the GP Toxic conteminent(s))
To the state of other westers requiring an I.D. number. See instructions.)  C. Other Wester. (State or other westers requiring an I.D. number. See instructions.)  1 2 3 4 5 6  X. Certification  I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment.  State of the state of the state of the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment.  State of the stat		
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I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment.  Sometime  Name and Official Title (type or print)  Oate Signed  OBJECT  Date Signed	C. Other Wastes. (State or other wastes requiring an I.D. number. See instructions.)	
I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment.  Shrange  Name and Official Title (type or print)  Oate Signed  OBJERA MINUA (257)	2 3 4	5 6
and all attached documents, and that based on my Inquiry of those individuals Immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment.  Sharange  Name and Official Title (type or print)  Oate Signed  OBJERA MINUA (257)	X. Certification	
Non Van CESAND VERA MANNAGOST. 9-2873	and all attached documents, and that based on my inquiry of those individuals obtaining the information, I believe that the submitted information is true, a that there are significant penalties for submitting false information, inclimprisonment.	iduals immediately responsible for accurate, and complete. I am aware fuding the possibility of fines and
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Note: Mall completed form to the appropriate EPA Regional or State Office. (See Section ill of the booklet for addresses.)

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RCRIS: Notification View Screen 2 of 5
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*Date Received(MMDDYY):
                  OS0691
*Date Acknowledged (MMDDYYYY):
                                 Send Acknowledgement:
*Name of Installation: WILLOUGHBY AMOCO
                Installation Location Address
        895 BEDFORD AVE
⊛8treete:
*City: BROOKLYN
                              State: NY
                                       Zipi
                                             11205
*County Code: 047
                 County Name: KINGS
                Installation Mailing Address
*Streets: 895 BEDFORD AVE
*City:
        BROOKLYN
                              State:
                                   NY
                                       Zipı
                                             11205
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               First Name
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*Land Type:
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 Dwner Sequence Number:
 Ownership: VICTOR MIRANDA
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RCRIS: Notification View Screen 4 of 5 \*`EPA Id: NYD986952430 Other Id: Sources Waste Type RORA Res RCRA Res State Reg State Reg Activitys Status Desc Status Desc **Ge**nerator ĸ Inansporter 75D Burner/Blender **HWF** Market to Burner HWF Other Market HWF Burner OSO Market to Burner USO Other Market OSD Burner SO ACT: Burner Type: Utility Dailer Indust Boiler Flormace Underground Injection Control: Recycler: Mode of Transportation: Ain Rail Highway Water Other ¥ Enter-Continge Firthevious Screen F3-Exit FB--Help

Hazardous Waste Codes: Specific/Non-Specific/Commoncial/Chemical Doot Doin

\*Comments:

PLEASE NOTE YOUR CHECKLIST MUST ACCOMPANY YOUR RESUBMITTAL, AND YOUR NOTIFICATION FORM MUST BE RE-SIGNED AND DATED IN THE CERTIFICATION BLOCK.

## CHECKLIST OF REASONS NOTIFICATION OF REGULATED WASTE ACTIVITY, EPA FORM 8700-12 CANNOT BE PROCESSED

Facility Name:	Land V Service Center
1)	Name of Installation is incomplete.
2)	Location of Installation is insufficient.  Please provide the street number, cross street, rural delivery number, mile post marker, block/lot number, room/suite number, floor number, section number, or N, E, S, or W wing. For rural sites, a box number located at the site (not a PO Box) is acceptable. If you cannot provide a clearer address, please submit an explanation.
3)	Installation Mailing Address is incomplete.
4)	Ownership information is incomplete.
5)	Hazardous Waste Activity under Type of Regulated Waste Activity is incomplete and/or needs further clarification.
	Mode of Transportation has been indicated. However, Box a or b of Activity No. 2, Transporter, has not been marked. Please indicate purpose of transporter activity in Box a or b of Activity 2. If Mode of Transportation was erroneously indicated, please cross out the mark and initial this change.
	Activity No. 3, Treater, Storer, Disposer, has been indicated.  Please confirm this designation by returning your form and checklist as requested. Contact your State Environmental Agency in order to submit Part A of your required permit application.  If Activity No. 3 was erroneously indicated, please cross out the mark and initial this change.
6)	Certification is insufficient.  Please provide an original signature in the Certification block. Please see the instructions for completing the form for those authorized to sign the certification.
7)	Installation Contact is incomplete.  Please provide the contact person's name, job title, and phone number.
8)	Installation Contact Address is Incomplete.
9)	Description of Regulated Wastes is incomplete.  Please refer to the Code of Federal Regulations Part 261 of Title 40, or call 1(800)424-9346 for assistance.

16)	There is an existing EPA Identification Number for the stated installation at the location address you have specified.  To update any information previously provided, please resubmit your form as a Subsequent Notification. Enter the previously assigned ID No. on the form in the appropriate block and attach a brief explanation of the requested changes. Please re-sign the form with an original signature in the Certification block.
11)	You have submitted a Subsequent Notification form.  Please provide us with a brief explanation of the requested changes.
12)	Please use the updated Notification of Regulated Waste Activity (EPA Form 8700-12) for your submission.
13) ✓ .	Our records indicate that an EPA ID No. has already been assigned to another facility at the same address which you have provided as your Location of Installation. Please indicate, in the appropriate space(s) below, your facility's relationship to
• ·	Willoughty anoco
	The above named facility is in the same building/complex.  Please provide a more detailed address for your facility under Location of Installation on the form. A more specific address would include a street number, cross street, room/suite number, floor number, section number, block/lot number, mile post marker, N, S, E, or W wing, box no. at the site (NOT a PO Box), or a rural delivery number.
	The above named facility is the current owner of the property.  List the property owner's name and address in the comments section  (Part XI) of your form and note them as the property owner. Please provide a detailed address for the property owner on the form. This should include a street number, cross street, room/suite number, floor number, section number, block/lot number, mile post marker, N, S, E, or W wing, box no. at the site (NOT a PO Box), or a rural delivery number.
	The above named facility is the previous owner of the property or prior business.  List the owner's name and address in the comments section (Part XI) of your form and note them as the previous property owner or previous business owner and complete Part VII D of your form.
	The above named facility is the previous operator at this location.
	Other. Please explain. Willows 12 Amoco Dos NoT
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### UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

June 7, 1993

Luis Vera Land V Service Center 895 Bedford Ave Brooklyn, NY 11205

Dear Sir/Madam:

The United States Environmental Protection Agency (USEPA), Region II, is returning a copy of your Notification of Regulated Waste Activity (EPA Form 8700-12) for the reason(s) indicated on the enclosed checklist. Please read the marked item(s) carefully and resubmit your form and/or explanation as indicated on the checklist. Re-sign and date your notification form with an original signature in the Certification block before resubmitting.

Please send your documentation and the enclosed checklist to the following address as soon as possible:

# USEPA - REGION II AIR AND WASTE MANAGEMENT DIVISION HAZARDOUS AND SOLID WASTE PROGRAMS BRANCH 26 FEDERAL PLAZA, ROOM 1006 NEW YORK, NEW YORK 10278 TELEPHONE NO. 212-264-3384

Please note that we cannot process your request until the corrected and/or additional information is provided to us. If you have any specific questions questions regarding your submission, please call (212) 264-2014. Thank you for your cooperation.

Sincerely yours,

Norman Rost, Program Management Coordinator Air and Waste Management Division

Enclosures

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PLEASE NOTE YOUR CHECKLIST MUST ACCOMPANY YOUR RESUBMITTAL, AND YOUR NOTIFICATION FORM MUST BE RE-SIGNED AND DATED IN THE CERTIFICATION BLOCK.

## CHECKLIST OF REASONS NOTIFICATION OF REGULATED WASTE ACTIVITY, EPA FORM 8700-12 CANNOT BE PROCESSED

Facility Name	e York Value of the				
1)	Name of Installation is incomplete.				
2)	Location of Installation is insufficient.  Please provide the street number, cross street, rural delivery number, mile post marker, block/lot number, room/suite number, floor number, section number, or N, E, S, or W wing. For rural sites, a box number located at the site (not a PO Box) is acceptable. If you cannot provide a clearer address, please submit an explanation.				
3)	Installation Mailing Address is incomplete.				
4)	Ownership information is incomplete.				
5)	Hazardous Waste Activity under Type of Regulated Waste Activity is incomplete and/or needs further clarification.				
	<ul> <li>Mode of Transportation has been indicated. However, Box a or b of Activity No. 2, Transporter, has not been marked.</li> <li>Please indicate purpose of transporter activity in Box a or b of Activity 2.</li> <li>If Mode of Transportation was erroneously indicated, please cross out the mark and initial this change.</li> </ul>				
	Activity No. 3, Treater, Storer, Disposer, has been indicated.  Please confirm this designation by returning your form and checklist as requested. Contact your State Environmental Agency in order to submit Part A of your required permit application.  If Activity No. 3 was erroneously indicated, please cross out the mark and initial this change.				
6)	Certification is insufficient.  Please provide an <u>original</u> signature in the Certification block. Please see the instructions for completing the form for those authorized to sign the certification.				
7)	Installation Contact is incomplete. Please provide the contact person's name, job title, and phone number.				
8)	Installation Contact Address is Incomplete.				
9)	Description of Regulated Wastes is incomplete.  Please refer to the Code of Federal Regulations Part 261 of Title 40, or call 1(800)424-9346 for assistance.				

10)	There is an existing EPA Identification Number for the stated installation at the location address you have specified.  To update any information previously provided, please resubmit your form as a Subsequent Notification. Enter the previously assigned ID No. on the form in the appropriate block and attach a brief explanation of the requested changes. Please re-sign the form with an original signature in the Certification block.				
11)	You have submitted a Subsequent Notification form.  Please provide us with a brief explanation of the requested changes.				
12)	Please use the updated Notification of Regulated Waste Activity (EPA Form 8700-12) for your submission.				
13) 🗸 .	Our records indicate that an EPA ID No. has already been assigned to another facility at the same address which you have provided as your Location of Installation. Please indicate, in the appropriate space(s) below, your facility's relationship to				
	The above named facility is in the same building/complex.  Please provide a more detailed address for your facility under Location of Installation on the form. A more specific address would include a street number, cross street, room/suite number, floor number, section number, block/lot number, mile post marker, N, S, E, or W wing, box no. at the site (NOT a PO Box), or a rural delivery number.				
	The above named facility is the current owner of the property.  List the property owner's name and address in the comments section (Part XI) of your form and note them as the property owner. Please provide a detailed address for the property owner on the form. This should include a street number, cross street, room/suite number, floor number, section number, block/lot number, mile post marker, N, S, E, or W wing, box no. at the site (NOT a PO Box), or a rural delivery number.				
	The above named facility is the previous owner of the property or prior business.  List the owner's name and address in the comments section (Part XI) of your form and note them as the previous property owner or previous business owner and complete Part VII D of your form.				
	The above named facility is the previous operator at this location.				
	Other. Please explain				

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### ACKNOWLEDGEMENT OF NOTIFICATION

#### OF HAZARDOUS WASTE ACTIVITY

06/10/91

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section J010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

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EPA I.D. NUMBER ->

NYD986952430

FACILITY HAME ->

WILLOUGHBY AMOCO

MAILING ADDRESS ->

895 BEDFORD AVE BROOKLYN, NY 11205

INSTALLATION ADDRESS ->

895 BEDFORD AVE BROOKLYN, NY 11205

EPA Form 8700-12AB (4-80)

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY REGION II 25 FEDERAL PLAZA NEW YORK, NEW YORK, 10278

ATTN: PERMITS ADMINISTRATION BRANCH, ROOM 505

TO: MIRANDA LUIS MGR WILLOUGHBY AMOCO 895 BEDFORD AVE BROOKLYN, NY 11205

Form Approved. OMB No. 2050-0028. Expires 10-31-91 GS4 No. 0245-EPA-QT

Date Received (For Official Use Only):

91-05-06 91 May -8 PM 1:124

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3. Listed Hazardous Wastes. (See 40 C	XR 261.31 - 33. See	instructions if you need	to list more then	12 waste codes.)	
	Company of the Company		793		
		Visit Comment			
2. Other Westee. (State or other westes	requiring an I.D. numl	ber. See instructions.)	<del>-</del> -		
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certify under penalty of law that I	have personally e	xamined and am fa	miliar with the	e information se	ubmitted in this
and all attached documents, an obtaining the information, I belie	a that based on . ve that the subm	my inquiry of thos itted information is	se individuals s true, accura	immediately i le. and comple	esponsible for and the last of
haf there are significant penali	lies for submittir	ng false information	on, including	the possibilit	y of fines and
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